

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155766		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2011	
NAME OF PROVIDER OR SUPPLIER MAPLE MANOR CHRISTIAN HOME INC				STREET ADDRESS, CITY, STATE, ZIP CODE 643 WEST UTICA ST SELLERSBURG, IN47172			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/21/11</p> <p>Facility Number: 000563 Provider Number: 155766 AIM Number: 100267610</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Maple Manor Christian Home Inc. Adult Division was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0046 SS=E	<p>open to the corridors, and single station smoke detection in the 100 Hall and 200 Hall resident rooms. The facility has a capacity of 57 and had a census of 52 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 battery backup lights were tested monthly over the past year and had annual tests to ensure the light would provide lighting during periods of power outages to protect 52 of 52 residents. Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the</p>			K0046	<p>The deficient practice of not testing of 3 of 3 backup lights monthly and annually will be corrected by the maintenance department. The maintenance supervisor or his designee will test the batteries monthly for 30 seconds and annually for 1 1/2 hours. The maintenance supervisor or his designee will keep written records of those testings.</p>		08/20/2011

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K0052 SS=F	<p>owner for inspection by the authority having jurisdiction. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on observation on 07/21/11 at 1:45 p.m. with the administrator and maintenance supervisor, the basement emergency generator transfer switch room had two battery backup lights mounted on the wall near the transfer switch. Based on an interview with the maintenance supervisor on 07/21/11 at 1:55 p.m., the two basement transfer switch room battery powered backup lights are not tested monthly or tested annually for a ninety minute duration. This was verified by the administrator at the time of the interview.</p> <p>3.1-19(b)</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure 12 of 12 fire drills conducted over the past year included the transmission of a fire alarm signal to</p>			K0052	<p>The deficient practice of not indicating that the alarm was activated during fire drills was corrected on 7/29/2011. The administrator added a space to</p>		07/29/2011

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	<p>protect 52 of 52 residents. NFPA 72, National Fire Alarm code, in Table 7-3.2, Testing Frequencies, at number 23 requires monthly testing of the Supervisory Station Fire Alarm Systems receivers. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of the "Fire Drill Log" reports with the administrator and maintenance supervisor on 07/21/11 at 1:50 p.m., the twelve fire drills conducted over the past year did not indicate the fire alarm system was activated during each fire drill conducted. Based on an interview with the maintenance supervisor on 07/21/11 at 2:05 p.m., the fire alarm system is usually activated during daytime drills but is not documented on the Fire Drill Log reports. This was verified by the administrator at the time of interview.</p> <p>3.1-19(b)</p>				<p>the fire drill report sheet to indicate that the alarm was sounded during fire drills. The administrator or his designee will continue to monitor every fire drill that is conducted to ensure that the activation of the alarm is recorded.</p>		

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K0056 SS=E	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure 2 of 4 porches with combustible overhangs were provided with sprinkler coverage. NFPA 13, 1999 Edition, 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice affects 18 residents who reside on the 300 Hall and would use the 300 Hall east exit for evacuation, which is connected by the same porch as the Service Hall exit.</p> <p>Findings include:</p> <p>Based on observation on 07/21/11 during a tour of the facility from 10:30 a.m. to 2:20 p.m. with the administrator and maintenance supervisor, the Service Hall exit porch overhang, which measured thirteen feet from the edge of the building,</p>			K0056	<p>The deficient practice of not having 2 of 4 porches with combustible overhangs provided with sprinkler coverage. Koorsen Fire and Security Systems have been called and they are scheduled to come to the facility on August 11, 2011 to evaluate what is needed to provide one of the porches with sprinkler coverage. The second porch has been altered according to the regulations of the Life Safety. The second porch overhang is shorter than the required 4 feet and does not now need to have sprinkler coverage.</p>		08/20/2011

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K0061 SS=F	<p>had a three foot portion of the porch overhang not provided with sprinkler coverage because of a two foot bulkhead between the sprinkler five feet from the edge of the building and the bulkhead, which extended below the sprinkler. Furthermore, the kitchen exit porch overhang , which measured four feet one quarter inch twice by the maintenance supervisor, was not provided with sprinkler coverage. Based on observation of the two porches construction above the soffit on 07/21/11 at 11:55 a.m. with the administrator and maintenance supervisor, it was verified the porches are constructed with wooden rafters and do not have fire separations where the porches are constructed onto the facility.</p> <p>3.1-19(b)</p>			K0061	<p>The deficient practice of not ensuring the automatic sprinkler system post indicator valve was supervised by a local alarm will be corrected by Koorsen Fire and Security Systems. Koorsen Fire and Security is scheduled to come to the facility on August 11, 2011 to assess what will be needed in order to correct the deficient practice. The</p>		08/20/2011
	<p>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system post indicator valves was supervised so at least a local alarm will sound when the valve is closed. This deficient practice affect all residents in the facility.</p> <p>Findings include:</p>						

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K0144 SS=F	<p>Based on observation on 07/21/11 at 11:45 a.m. with the administrator and maintenance supervisor, the automatic sprinkler system post indicator valve located outside the front entrance to the facility along the city street was not provided with an electrical connection to the fire alarm system or an electrical connection causing a local alarm to sound when the valve is closed. Based on observation of the fire alarm system main panel on 07/21/11 at 12:20 p.m. with the administrator and maintenance supervisor, it was further verified the post indicator valve was not listed on the fire alarm system zone label. This was confirmed by the administrator and maintenance supervisor at the time of observations.</p> <p>3.1-19(b)</p>				Administrator will monitor the work and make sure it is completed.		
	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with a functional alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote</p>			K0144	<p>The deficient practice of not ensuring that the emergency generator was provided with a functional alarm annunciator in a 24 hour nurse station will be corrected by Crosspoint Cummings. Crosspoint Cummings will be responsible for installing a functional alarm annunciator at a 24 hour nurse</p>		08/20/2011

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	<p>annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these</p>				<p>station. The work will be done the week of August 15-19, 2011. The deficient practice of not having an emergency shut off for the generator has been resolved due to the fact that the engine for the generator is only a 47 horsepower engine. There is a letter from Cummings Crosspoint that states that fact. The Administrator will make sure that the corrective action will be completed.</p>		

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	<p>conditions individually. This deficient practice could affect all the residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/21/11 at 10:45 a.m. with the administrator and maintenance supervisor, a remote alarm annunciator for the generator was provided in the basement next to the emergency generator transfer switch. Based on an interview with the administrator on 07/21/11 at 10:50 a.m., the remote alarm annunciator for the emergency generator cannot be readily observed by staff during all shifts.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators with over a 100 horsepower was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar</p>						

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K0000	<p>to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observation of the emergency generator with the administrator and maintenance supervisor on 07/21/11 at 1:10 p.m., the generator set nameplate did not indicate the horsepower rating of the generator set. The generator was not equipped with a remote manual stop switch. Based on an interview with the maintenance supervisor on 07/21/11 at 1:25 p.m., the emergency generator set is a two hundred forty kilowatt diesel generator and is probably over one hundred horsepower. This was verified by the administrator at the time of interview.</p> <p>3-1.19(b)</p>						

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	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/21/11</p> <p>Facility Number: 000563 Provider Number: 155766 AIM Number: 100267610</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Maple Manor Christian Home Inc. Adult Division was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 2011 Visitor Room addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2011 addition to the one story facility with a basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and single station smoke detection in the</p>			K0000			

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K0014 SS=F	<p>100 Hall and 200 Hall resident rooms. The facility has a capacity of 57 and had a census of 52 at the time of this visit.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. Lower portions of corridor walls can be Class C. 18.3.3.1, 18.3.3.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 corridor's wall interior finish had a flame spread rating of Class A, Class B or Class C. This deficient practice affects all residents who use the two family visitor rooms in the new portion of the facility.</p> <p>Findings include:</p> <p>Based on observation on 07/21/11 at 11:15 a.m. with the administrator and maintenance supervisor, the family visitor room addition corridor had one quarter inch wood paneling installed on both sides of the thirty foot long corridor extending from the floor to four feet above the floor. Based on an interview</p>			K0014	<p>The deficient practice of not covering the corridor's wall interior finish with a flame spread rating covering of Class A, Class B or Class C will be corrected by covering the corridor's wall with a flame spread covering. The maintenance department will apply the flame spread covering Class A, Class B, or Class C on the wood paneling. The administrator will make sure that the corrected action is taken.</p>		08/20/2011

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K0015 SS=F	<p>with the administrator and maintenance supervisor on 07/21/11 at 11:25 a.m., there was no documentation the wood paneling had a flame spread rating of a Class A, Class B or Class C interior finish.</p> <p>3.1-19(b)</p> <p>Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. (Rooms not over 4 persons in capacity may have a flame spread rating of Class A Class B, or Class C). 18.3.3.1, 18.3.3.2</p> <p>Based on observation and interview, the facility failed to ensure the walls in 2 of 2 rooms in the new portion of the facility had a flame spread rating of Class A or Class B. This deficient practice affects all residents who use the two family visitor rooms in the new portion of the facility.</p> <p>Findings include:</p> <p>Based on observation on 07/21/11 at 11:30 a.m. with the administrator and maintenance supervisor, the two family visitor room's walls had one quarter inch wood paneling installed on all four walls in both rooms extending from the floor to four feet above the floor. Based on an</p>			K0015	<p>The deficient practice of not covering the 2 room walls interior finish with a flame spread rating covering of Class A, Class B or Class C will be corrected by covering the 2 room walls with a flame spread covering. The maintenance department will apply the flame spread covering Class A, Class B, or Class C on the wood paneling. The administrator will make sure that the corrected action is taken.</p>		08/20/2011

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K0046 SS=E	<p>interview with the administrator and maintenance supervisor on 07/21/11 at 11:35 a.m., each room has a capacity of twenty people and there was no documentation the wood paneling had a flame spread rating of a Class A or Class B interior finish.</p> <p>3.1-19(b)</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 battery backup lights were tested monthly over the past year and had annual tests to ensure the light would provide lighting during periods of power outages to protect 52 of 52 residents. Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice affects all residents in the facility.</p>			K0046	<p>The deficient practice of not testing of 3 of 3 backup lights monthly and annually will be corrected by the maintenance department. The maintenance supervisor or his designee will test the batteries monthly for 30 seconds and annually for 1 1/2 hours. The maintenance supervisor or his designee will keep written records of those testings.</p>		08/20/2011

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K0052 SS=F	Findings include: Based on observation on 07/21/11 at 1:45 p.m. with the administrator and maintenance supervisor, the basement emergency generator transfer switch room had two battery backup lights mounted on the wall near the transfer switch and the Family Visitor Room addition had one battery backup light mounted above the exit door. Based on an interview with the maintenance supervisor on 07/21/11 at 1:55 p.m., the three battery powered backup lights are not tested monthly or tested annually for a ninety minute duration. This was verified by the administrator at the time of the interview. 3.1-19(b)						
	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview, the facility failed to ensure 12 of 12 fire drills conducted over the past year included the transmission of a fire alarm signal to protect 52 of 52 residents. NFPA 72, National Fire Alarm code, in Table 7-3.2, Testing Frequencies, at number 23			K0052	The deficient practice of not indicating that the alarm was activated during fire drills was corrected on 7/29/2011. The administrator added a space to the fire drill report sheet to indicate that the alarm was sounded during fire drills. The administrator or his designee will		07/29/2011

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K0061 SS=F	requires monthly testing of the Supervisory Station Fire Alarm Systems receivers. This deficient practice affects all residents in the two family visitor rooms in the new portion of the facility. Findings include: Based on a review of the "Fire Drill Log" reports with the administrator and maintenance supervisor on 07/21/11 at 1:50 p.m., the twelve fire drills conducted over the past year did not indicate the fire alarm system was activated during each fire drill conducted. Based on an interview with the maintenance supervisor on 07/21/11 at 2:05 p.m., the fire alarm system is usually activated during daytime drills but is not documented on the Fire Drill Log reports. This was verified by the administrator at the time of interview. 3.1-19(b)				continue to monitor every fire drill that is conducted to ensure that the activation of the alarm is recorded.		
	Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system post indicator valves was supervised so at least a local alarm will sound when the valve is closed. This deficient practice affect all residents using the two family visitor rooms in the new portion of the facility. Findings include: Based on observation on 07/21/11 at			K0061	The deficient practice of not ensuring the automatic sprinkler system post indicator valve was supervised by a local alarm will be corrected by Koorsen Fire and Security Systems. Koorsen Fire and Security is scheduled to come to the facility on August 11, 2011 to assess what will be needed in order to correct the deficient practice. The Administrator will monitor the work and make sure it is completed.		08/20/2011

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K0144 SS=F	11:45 a.m. with the administrator and maintenance supervisor, the automatic sprinkler system post indicator valve located outside the front entrance to the facility along the city street was not provided with an electrical connection to the fire alarm system or an electrical connection causing a local alarm to sound when the valve is closed. Based on observation of the fire alarm system main panel on 07/21/11 at 12:20 p.m. with the administrator and maintenance supervisor, it was further verified the post indicator valve was not listed on the fire alarm system zone label. This was confirmed by the administrator and maintenance supervisor at the time of observations. 3.1-19(b)						
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with a functional alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily			K0144	The deficient practice of not ensuring that the emergency generator was provided with a functional alarm annunciator in a 24 hour nurse station will be corrected by Crosspoint Cummings. Crosspoint Cummings will be responsible for installing a functional alarm annunciator at a 24 hour nurse station. The work will be done the week of August 15-19, 2011. The deficient practice of not having an emergency shut off for		08/20/2011

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	<p>observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all the residents using the two family visitor rooms in the</p>				<p>the generator has been resolved due to the fact that the engine for the generator is only a 47 horsepower engine. There is a letter from Cummings Crosspoint that states that fact. The Administrator will make sure that the corrective action will be completed.</p>		

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	<p>new portion of the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/21/11 at 10:45 a.m. with the administrator and maintenance supervisor, a remote alarm annunciator for the generator was provided in the basement next to the emergency generator transfer switch. Based on an interview with the administrator on 07/21/11 at 10:50 a.m., the remote alarm annunciator for the emergency generator cannot be readily observed by staff during all shifts.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator with over a 100 horsepower was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located</p>						

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	<p>outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents using the two family visitor rooms in the new portion of the facility.</p> <p>Findings include:</p> <p>Based on observation of the emergency generator with the administrator and maintenance supervisor on 07/21/11 at 1:10 p.m., the generator set nameplate rating failed to indicate the horsepower rating of the generator set and was not equipped with a remote manual stop switch. Based on an interview with the maintenance supervisor on 07/21/11 at 1:25 p.m., the emergency generator set is a two hundred forty kilowatt diesel generator and is probably over one hundred horsepower. This was verified by the administrator at the time of interview.</p> <p>3-1.19(b)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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